



		Chopra y & Microbiology) Consultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mr. SAMAR OBEROI			
AGE/ GENDER	: 55 YRS/MALE	P	ATIENT ID	: 1727441
COLLECTED BY	:	R	EG. NO./LAB NO.	: 012503220027
REFERRED BY	:	R	EGISTRATION DATE	: 22/Mar/2025 11:17 AM
BARCODE NO.	:01527546	C	OLLECTION DATE	: 22/Mar/2025 11:19AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	R	EPORTING DATE	: 22/Mar/2025 01:18PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	AD, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	CLIN	ICAL CHEMIST	RY/BIOCHEMIST	'RY
		GLUCOSE POST	PRANDIAL (PP)	

IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES:

A post-prandial plasma glucose level below 140 mg/dl is considered normal.
 A post-prandial glucose level between 140 - 200 mg/dl is considered as glucose intolerant or prediabetic. A fasting and post-prandial blood test (after consumption of 75 gms of glucose) is recommended for all such patients.

test (after consumption of 75 gms of glucose) is recommended for all such patients. 3. A post-prandial plasma glucose level of above 200 mg/dl is highly suggestive of diabetic state. A repeat post-prandial is strongly recommended for all such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmatory for diabetic state.





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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





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Test Name		Value	Unit	Biological Reference interval
	LIVER	FUNCTION	TEST (COMPLETE)	
BILIRUBIN TOTAL	: SERUM PECTROPHOTOMETRY	0.63	mg/dL	INFANT: 0.20 - 8.00 ADULT: 0.00 - 1.20
	Г (CONJUGATED): SERUM spectrophotometry	0.21	mg/dL	0.00 - 0.40
	CCT (UNCONJUGATED): SERUM	0.42	mg/dL	0.10 - 1.00
SGOT/AST: SERUM by IFCC, WITHOUT PY	[/RIDOXAL PHOSPHATE	115.4 ^H	U/L	7.00 - 45.00
SGPT/ALT: SERUM by IFCC, WITHOUT PY	[/RIDOXAL PHOSPHATE	161.8 ^H	U/L	0.00 - 49.00
AST/ALT RATIO: S by CALCULATED, SPE	ERUM ECTROPHOTOMETRY	0.71	RATIO	0.00 - 46.00
ALKALINE PHOSPI by PARA NITROPHEN PROPANOL	HATASE: SERUM IYL PHOSPHATASE BY AMINO METHYL	166.9 ^H	U/L	40.0 - 130.0
GAMMA GLUTAMY by SZASZ, SPECTRON	L TRANSFERASE (GGT): SERUM	71.63 ^H	U/L	0.00 - 55.0
TOTAL PROTEINS: by BIURET, SPECTRO		8.02 ^H	gm/dL	6.20 - 8.00
ALBUMIN: SERUM		4.22	gm/dL	3.50 - 5.50
GLOBULIN: SERUN by CALCULATED, SPE	1 ECTROPHOTOMETRY	3.8 ^H	gm/dL	2.30 - 3.50
A : G RATIO: SERUI	M	1.11	RATIO	1.00 - 2.00

by CALCULATED, SPECTROPHOTOMETRY

NOTE: To be correlated in individuals having SGOT and SGPT values higher than Normal Referance Range. USE: Differential diagnosis of diseases of hepatobiliary system and pancreas.

INCREASED:

DRUG HEPATOTOXICITY	> 2
ALCOHOLIC HEPATITIS	> 2 (Highly Suggestive)
CIRRHOSIS	1.4 - 2.0
INTRAHEPATIC CHOLESTATIS	> 1.5
HEPATOCELLULAR CARCINOMA & CHRONIC HEPATITIS	> 1.3 (Slightly Increased)





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INTERPRETATION





	Dr. Vinay Chopr MD (Pathology & Micr Chairman & Consultar	robiology) MD	(Pathology)
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DECREASED:

1. Acute Hepatitis due to virus, drugs, toxins (with AST increased 3 to 10 times upper limit of normal)

2. Extra Hepatic cholestatis: 0.8 (normal or slightly decreased).

PROGNOSTIC SIGNIFICANCE:	
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NORMAL	< 0.65
GOOD PROGNOSTIC SIGN	0.3 - 0.6
POOR PROGNOSTIC SIGN	1.2 - 1.6

*** End Of Report ***



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